

Is Your Cleaning Job Killing You?



A Guide to
Cleaners
Health &
Safety

SOLIDARITY FEDERATION

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Introduction

Cleaning is not seen as hard physical work, nor is it seen as a job that involves any great health risk. Generally, it is seen as a job done by women, for a few hours a week, to earn a little extra cash. This bias is reinforced by scientific research that tends to ignore or play down the physical aspects of jobs dominated by women and hence, the health risk involved. By drawing on research from across the world, this short pamphlet aims to expose the myth that cleaning does not pose a risk to health, by identifying the risks involved and the price paid by cleaners in terms of damage to their health.

Background to the UK Cleaning Industry

The cleaning industry may pay poverty wages but it earns big money. According to the industry's own figures, the cleaning sector contributes over £24 billion to the UK economy each year. Cleaning, then, is big business, a strategically important sector, without which the rest of the economy would

quickly grind to a halt. The industry employs over 700,000 people in the UK, and these figures do not take into account the army of cleaners who are paid cash in hand to clean people's homes. Surveys estimate that two fifths of UK households now employ someone to clean their homes. Cleaning is still largely carried out by women, with surveys showing that at least 79% of the cleaning workforce in Britain are female. The sector also employs an increasing number of migrant workers, and an estimated 30% of cleaners in the UK are migrants.

Historically the pay and conditions of cleaners have been poor. This can partly be explained by discrimination. The traditional discrimination against women is reflected in the poor pay and conditions as well as the low status afforded to cleaners. A further factor is that cleaning is generally not seen as a "core" activity by employers, in the main being carried out outside of normal working hours. It exists on the margins, its importance downplayed, with cleaners being an almost invisible workforce. Added to this is the fact that the cleaning sector, on the whole, has not been unionised. Given that cleaning plays a central role in the economy,

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cleaners, if organised, could potentially be a powerful and self-confident force, capable of using their collective strength as a means of improving their pay, conditions and status. However, even when at their most powerful, in the post-war period, the then largely male dominated trade unions showed little interest in organising cleaners.

The historically poor pay and conditions of cleaners have been made worse by the massive changes that have taken place within the cleaning sector over the last 30 years. One of the main driving forces behind these changes has been outsourcing. UK companies have increasingly outsourced cleaning to small scale, specialised cleaning firms as a means of cutting costs. This has led to a growth in small cleaning companies, shown in the fact that 74% of cleaning companies in the UK now employ fewer than ten staff and, while there are some large and medium-sized firms, no UK cleaning company has a market share of over 1%.

This has resulted in the cleaning industry becoming highly competitive, with a large number of small firms competing for cleaning contracts. As competition has increased,

cleaning companies have constantly sought to drive down costs, by reducing wages, increasing workloads and demanding ever greater flexibility from staff. As a consequence, there has been a rise in zero hours and fixed-term contracts, the use of agency staff and part-time working, coupled to demands for ever greater flexibility from staff in terms of working times and lengths of shifts, often at very short notice. Although outsourcing first occurred in the private sector, the same changes are now being imposed on cleaners employed in the public sector, where employers increasingly demand that their cleaners either accept similar conditions to the private sector or face outsourcing.

The effects of outsourcing are having a detrimental impact on the lives of cleaners. Studies are now consistently finding that the high pace of work is a major concern amongst cleaners. In a UK study, 56% of cleaners reported far higher workloads that are resulting in them having to work under ever increasing time pressure; for example, large school classrooms having to be thoroughly cleaned in 12 to 15 minutes. A further UK study also found that cleaners

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working less than four hours per day were no longer allowed any kind of break, while those working longer hours were often forced to work through breaks due to the pressure of work.

The demand for ever greater flexibility is also creating problems, with studies showing a rise in work-life conflicts, as cleaners attempt to balance the increasing demands of work with the demands of children, partners and home. In addition, to compensate for falling wages, cleaners are often forced to take on several part-time jobs, combining different kinds of interrupted rosters, often involving early morning work and a second job late at night. This is to the detriment of their family, sleeping patterns, stress levels and general wellbeing. The fear of job loss, linked to precarious employment contracts and the instability of the labour market, only adds to the increasing burden being placed on cleaning workers' physical and mental health.

The Real Risk to Cleaners' Health

Work-Related Stress

Stress caused by work has a major impact on the quality of life. Stress is also recognised as a major cause of health problems such as heart attacks, stomach disorders, muscular disorders, depression, anxiety and insomnia. It is estimated that over 400,000 people are made ill each year in the UK by work-related stress. As cleaning has become ever more casualised, not just here but across the world, a familiar pattern of workplace problems has emerged. For example, a German study found that the factors that increased stress among cleaners were the pace and amount of work, lack of ability to obtain help (if required), lack of support from supervisors and lack of consultation regarding things like equipment selection, setting of work rates and so on. An EU study of cleaners in 16 countries found low pay, increasing workloads, lack of possibilities to develop professionally, lack of respect and recognition from managers, problems combining the demands of work and family

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life all added to increased work-related stress levels amongst cleaners.

Wider research among unskilled workers has also shown that factors prevalent in cleaning, such as low income, increased workloads, low job satisfaction, unemployment or the threat of unemployment, lack of influence and control over one's life/work, make it far more likely for the individual to use coping mechanisms such as over-eating, and the use of tobacco, alcohol and other drugs. Other research has shown that negative emotional states associated with low-status jobs, combined with low incomes, are likely to reduce the individual's motivation to seek proper medical treatment, thereby increasing the risk of developing chronic illness.

Musculoskeletal Disorders

Musculoskeletal disorders is a term that covers injury, damage or disease to the neck, shoulders, arms, back, hips, knees, ankles and feet caused by work. The true extent of musculoskeletal disorders amongst cleaners is not fully known due to chronic under-reporting and lack of adequate investigation. Health complaints amongst cleaners are all

too often not identified as work-related or are routinely dismissed as being due to old age, the menopause and even hysteria. However, studies clearly show the risk involved. A survey of school cleaners in Germany found that 83% regularly suffered from pain in their neck, arms, hands and back while at work, with 72% of the cleaners consulting their GP for treatment. A study by the Health and Safety Executive found that 74% of cleaners had experienced muscular aches, pains and discomfort, with 52% consulting their doctor. A US study of hotel cleaners found that 75% had suffered work-related pain, 62% had visited doctors, and 73% regularly took medication for the pain. A Swedish study of 9,000 hotel and hospital cleaners found that cleaners experienced pain and discomfort to shoulders, hands, back and legs on a weekly basis. A Danish study found that 46% of cleaners had suffered with wrist problems and, on further investigation, 48% were diagnosed with carpal tunnel syndrome. One UK study found that 34% of cleaners had experienced tingling, numbness and white finger in their hands over a 12 month period.

We could go on, but what these figures clearly show is that cleaners regularly have

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to work with pain, with nothing being done about it by employers. The scandal is that all work-related musculoskeletal disorders, along with all the pain and suffering they cause, could be avoided if efforts were made to identify the cause of the pain when it first appears and if preventive measures were put in place to eliminate these causes. However, if the problems are ignored there is every likelihood of cleaners going on to develop problems such as tendinitis, hand-arm vibration syndrome, severe back problems, arthritis, carpal tunnel syndrome, and rotator cuff tendinitis, to name but a few conditions. All of these result in chronic pain, loss of earnings and the possibility of permanent disability.

Work-Related Asthma

Work-related asthma is asthma caused by work, or existing cases of asthma made worse by work. There are currently 5.4 million people suffering with asthma in the UK. How many of these cases are work-related is largely unknown. Hazards magazine estimates that upwards of 750,000 may have work-related asthma in the UK. Asthma UK argues that some 700,000 people have

their pre-existing asthma aggravated by work. The levels of work-related asthma cases amongst cleaners is not known but research shows the extent of the risk involved. Studies in Spain, Finland, Brazil, and in several states in the USA have all clearly shown the link between asthma and cleaning. One European study ranked cleaning as the occupation with the fourth highest risk from work-related asthma. Research has pointed to exposure to chemicals and moulds as the primary cause of work-related asthma amongst cleaners. A recent study in the UK showed that workers exposed to cleaning or disinfectant products were 53% more likely to suffer from asthma. As a result of this study, Asthma UK urged people working in the cleaning industry to contact their GP immediately should they experience breathing problems. The problem of female cleaners often having to also do the cleaning at home also increases the risk involved, with one US study showing that exposure to household cleaning agents was among the most frequent causes of non-work-related asthma hospital admissions.

Yet, despite all of the evidence, the risk to cleaners from asthma is largely ignored

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by employers, the scandal being that the introduction of even basic health and safety measures would significantly reduce the risk from asthma. Studies have found that, in workplaces where health surveillance procedures were in place, asthma detection took on average nine months from when the first symptoms started to appear, compared to four years in workplaces where no surveillance procedures were in place. This is significant as early diagnosis and early avoidance of further exposure is the most important factor in the chances of complete recovery from asthma. By contrast, the longer the exposure the more unlikely the chance of recovery, with studies showing that up to one third of those suffering with work-related asthma are forced to leave their jobs.

Skin Diseases

Cleaners have a high risk of developing skin problems, the main causes being exposure to chemicals and prolonged periods of working with wet hands. A study in Belgium found that 49% of work-related disorders among cleaners were due to skin problems. Results of a Swedish study showed that 81% of cleaners reported having wet hands for more

than a quarter of their working day, while 46 % reported having at least one of four skin symptoms over a 12 month period. An investigation in Poland found that 64% of cleaners had experienced work-related skin problems at some point.

The most common form of work-related skin disease affecting cleaners is contact dermatitis. There are two types of contact dermatitis that affect cleaners, irritant and allergic dermatitis. Irritant contact dermatitis arises from working with substances that physically damage the skin when it comes into contact with them. Many weaker substances may require days of contact before there is any visible effect. Allergic contact dermatitis, which is less common, occurs when the body's immune system reacts to a substance. In many cases, someone can work with a substance for years without any reaction and then suddenly they develop dermatitis. Once a person becomes allergic to a substance, even minute exposure may cause a severe reaction that can include increased heart rate and breathing problems.

In both forms of contact dermatitis, the most

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susceptible parts of cleaners' bodies are their hands, followed by forearms and face. Symptoms include redness, itching, swelling, blistering, flaking and cracking. The risk from contact dermatitis is made worse by the fact that the majority of cleaners are women who often do most of the cleaning at home, exposing themselves to the same risk both at work and at home. Contact dermatitis can be a painful debilitating disorder that can impact on both work and family life, often forcing people to give up work. As the majority of contact dermatitis affects the hands, employers often turn to gloves as a cheap solution. However, gloves often contain substances that can also cause dermatitis, with the results of one study showing rubber and latex gloves to be the biggest cause of contact dermatitis amongst health workers. Gloves also trap sweat and any contaminant that gets inside a glove will cause irritation and can worsen existing skin diseases. Where gloves are issued to cleaners, they should be worn with cotton liners and time should be allowed to take glove breaks, but this rarely happens. Further, the gloves provided are often cheap and ill-fitting, making them hard to wear when working, especially when under pressure to get work

completed on time.

Accidents at Work

According to official figures, there are over 3,000 serious accidents to cleaners in the UK each year, with slips, trips and falls being the most frequent causes of accident. The main factors identified as the causes of trips and falls are poorly maintained stairways, working at heights (e.g. on ladders or steps), flooring with too low slip-resistance, wet and dirty floors, worn grip on soles of footwear, unexpected obstacles (e.g. low furniture, waste bins, electrical cables of cleaning and other equipment, and poor lighting. Almost half of all falls happen on staircases, either when workers are cleaning them, or when they are carrying loads (e.g. waste bins) on a staircase. The other major source of accidents amongst cleaners relates to manual handling. Studies show that it is not just the weight of the objects cleaners have to lift, but also their awkward shapes, which causes injury.

Biological Hazards

Cleaners are also frequently exposed to different types of biological agents such as

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bacteria, viruses, fungi (yeasts and moulds) and parasites. Exposure often occurs when contaminated hands or gloves touch the mouth. Studies have found a high prevalence of hepatitis A in hospital and kindergarten cleaners. Other studies have noted an increased risk of gastroenteritis, including the “winter vomiting bug”, amongst cleaners. Exposure to moulds or mould spores through breathing can cause asthma and other respiratory diseases, as well as nose, eye and throat irritations.

Cleaners run the risk of sharps injuries which can cause HIV and hepatitis B and C. One of the main risks to cleaners is discarded needles in public places such as hotel rooms and toilets, along with needles or sharp edges left in waste. One of the problems with this type of injury in relation to HIV is the enormous stress involved. As soon as possible after the injury, the person affected should be offered a course of antiretroviral drugs. Testing for HIV also has to go on for six months before the person involved can be declared safe from HIV. Studies of hospital workers in Australia have shown that cleaners were the group most at risk group among health workers as a whole, and

accounted for 66% of all needle stick and sharps injuries among support workers. A study in Japan of hospital cleaners came up with similar findings.

Heat Stress

Heat stress can occur in hot environments, such as wash rooms, and during warm weather. Working in hot or humid atmospheres can result in heat rash, which is caused by skin and clothing remaining damp due to unevaporated sweat. Possible symptoms are itchy skin, prickling skin, clusters of red bumps, etc. The rash may occur on small parts of the skin or the entire body. If large parts of the body are involved, sweat production might be compromised resulting in a decreased capacity to work and sweat retention syndrome. Milder exposure to heat might also lead to prickly heat, intertrigo (chafing) and the softening and lightening of the skin.

Cancer and Risk to the Reproductive System

A number of studies have shown an association between cleaning and cancer, and between cleaning and risk to the reproductive system. A Danish study found

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that 36 of 461 chemicals found in cleaning agents were listed as agents that may produce cancer and reproductive hazards. A higher risk of liver cancer was found in non-domestic cleaners amongst residents of New York. In the same study, the occupations with the largest prevalence of nasal cancer included cleaners. A study in Sweden showed that the incidence of non-Hodgkin's lymphoma was significantly increased among female cleaners. An increased risk of bladder cancer has been found for house cleaners in the USA. High levels of lung cancer and respiratory diseases have been observed among cleaners in studies carried out in England, the USA, Germany, and Switzerland. Studies have also shown an increased risk of spontaneous abortion or pre-term delivery among cleaners. A further study has found an association between infertility and heavy cleaning work, in combination with unfavourable working hours.

In regards to breast cancer, a number of studies have indicated a link with work. There are over 1,000 chemicals, many in regular use by cleaners, which are known to interfere with the collection of glands that secrete hormones directly into the circulatory system,

and are therefore thought to cause breast cancer. Such work-related factors are widely thought to have contributed to the alarming rise in breast cancer in the UK, up by 64% since the 1970s. However, while the links between breast cancer and lifestyle choices, such as smoking and drinking, are widely publicised, the dangers to be found in the workplace are largely ignored.

Sexual Harassment and Assault

Research into the risk of sexual harassment for cleaners is scarce. However, the majority of cleaners are female and work on their own, outside of normal working hours, often in near empty buildings, all of which makes them vulnerable to sexual assault and harassment. Research among hotel cleaners in New Zealand found them to be particularly vulnerable due to them working alone in guests' rooms, making them vulnerable to sexual harassment, not just by guests, but also by managers. The research also found that cleaners often do not complain about incidents of sexual harassment, preferring to tolerate it, for fear of losing their jobs. A study in Australia of 46 female hotel cleaners found that 44 had been subject to

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sexual harassment and abuse. The risk to cleaners was also highlighted by a campaign by night cleaners in California against sexual assault and rape at work. The extent of the risk faced by night cleaners was documented in the TV programme *Rape on the Night Shift*. The cleaners launched a state-wide campaign which included demonstrations and hunger strikes. As well as demanding new laws aimed at protecting cleaners, they demanded that female night cleaners should be allowed to work in pairs.

Violence and Discrimination

Various studies have highlighted the fact that cleaners are subject to violence and bullying in the form of verbal abuse and physical assault. The increase in the use of migrant workers has also led to increased racial discrimination that also affects health. A study of immigrant workers in Spain found that migrants' experiences of discrimination are linked with poor self-health, and a higher prevalence of chronic diseases and mental health problems. A UK study found that cleaners are often reluctant to report bullying, discrimination and harassment for fear of losing their jobs. It also noted that

when they do report incidents they are often ignored, increasing their vulnerability and feelings of isolation.

Overall Impact of Cleaning on Health

All the evidence clearly shows that cleaning has a major impact on the long term health of cleaners. A German study on cleaning workers in the public sector confirmed that long-term diseases are more common in cleaning jobs than in other occupations. A study in Norway found that there was a significantly higher incidence of disability amongst cleaners. In Denmark, a study that assessed the health of 8,337 workers at various points between 1990 and 2006 found that, among women, 11% of disability pension cases were attributable to exposure to cleaning agents and/or disinfectants. Disability pension rates were also found to be far higher among cleaners than among other unskilled female workers. A further Danish study compared the health of 1,430 female cleaners with 579 shop assistants over an 11 year period, and found that cleaners were twice as likely to take disability or early retirement. Research in Germany by health insurers found far higher rates of

mental illness among cleaners, compared to 23 other occupations studied.

Organising to Protect Cleaners' Health

What is clear from the various studies quoted above is that companies are not doing enough to protect cleaning staff. Equally clear is that government regulation is also failing. This is especially true in the UK where government health and safety regulation is weak, with the emphasis seemingly on not alienating employers, rather than on protecting workers. As a result, the whole regulatory approach is based on friendly persuasion rather than enforcement, reflected in the fact that in 2016 just 46 company directors and less than 700 companies were prosecuted. Further, the government's approach concentrates on accident prevention and investigation to the virtual exclusion of all other work-related health concerns. To date there has not been one prosecution in relation to work-related stress, while the last government's policy document, *Good Health and Safety, Good for Everyone*, did not even mention occupational

illness or disease.

The Health and Safety Executive and local authorities, who are the agencies charged with regulating health and safety in the UK, focus most of their attention on large employers and on industries considered to be the most dangerous, while 'low risk' activities will not, in general, be subject to enforcement unless actual harm has occurred.' This, in effect, limits their activities in 'low risk' industries to offering advice to employers, with direct involvement only occurring when a serious accident happens. The last government extended 'low risk' to include the post, transport, health, education, electricity, light engineering and textile industries, when it instructed both regulatory agencies to stop all unannounced inspections in these sectors. Nor are things about to improve; since 2014 state funding of the Health and Safety Executive has been cut by 35%, while local authority safety inspections, largely due to cuts, are down by a staggering 93% since 2010.

All of this means that, unless there is a major accident or a major risk of accident, neither the Health and Safety Executive nor

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local authorities are going to get involved when contacted about a health and safety complaint in the workplace. This brings into focus the approach taken by UK trade unions, who concentrate most of their energies on equipping workplace reps with a detailed knowledge of UK health and safety laws. This is no bad thing in itself but, given that many of these laws are never going to be enforced, it does reduce the trade union approach largely to trying to apply pressure by highlighting to employers where they are breaching health and safety laws. This is particularly problematic when it comes to the cleaning sector. Given that this highly competitive sector is dominated by small companies, who tend to vocally oppose all government health and safety regulation as an unnecessary cost, union pressure not backed by enforcement is going to have little effect. This makes the unions appear weak and ineffectual and therefore pointless, which partly explains why they have made so little headway in recruiting cleaners, one of the most exploited groups in society.

The reality is that being aware of your health & safety rights and pointing them out to your employer is unlikely to get you very

far. The only real way of enforcing all but the most basic of health and safety laws is through cleaners joining together and acting collectively. Though this may appear difficult, with careful planning and the right kind of support, it is far easier than people think. By acting together, the chances of individuals being victimised is greatly reduced. By using low risk actions that limit the power of management to victimise workers while maximising the damage to employers and, where possible, drawing on the support of groups in the wider community, even the vilest employer can be overcome. This model of organising has already proved effective in a number disputes both in the UK and abroad. Although collective action has proven highly effective, it must also be linked to long term objectives of an equal and just society. If cleaning is ever to become a truly safe job, the impacts that low pay, unsocial hours, discrimination, low status and family have on the lives of cleaner will have to be taken into account. By necessity, this will mean that vital cleaning no longer falls on the shoulders of a low paid and mainly female workforce, who are currently sacrificing their health and general welfare for the benefit of of society as a whole.

About us

The Solidarity Federation is an anarcho-syndicalist union, a means for people seeking to improve our lives to organise in our workplaces and communities. Solfed brings together people in all occupations regardless of industry, craft or trade – whether we're employed or not.

Solfed seeks the abolition of capitalism and the institutions of power that are associated with it, such as the state. Our goal is to create a society centred on needs rather than profit, based upon the principle "from each according to ability, to each according to need".

We believe in the principle of direct action – that means doing something for ourselves and not expecting leaders or representatives to act on our behalf.

We oppose all forms of oppression, discrimination and exploitation. The way we organise reflects the free society that we want to create: one based on voluntary association, democratic participation and workers' self-management.



Cleaners have a vital role in society, yet their job is poorly paid and routinely dismissed as a job carried out mainly by women to earn a bit of extra cash. Cleaning is also not generally seen as a particularly physically hard or dangerous job. Most people see cleaning as involving a bit of dusting, mopping and hoovering.

Written by a cleaner, this pamphlet draws on research from across the world to show the reality of cleaning and the impact the job has on the health and wellbeing of cleaners. The pamphlet not only examines the more obvious aspects of the job that affect cleaners' health, such as the physical demands of the job and the effects of cleaning chemicals, but also takes into account the detrimental impact of factors such as low pay, ever-increasing workloads, low status, sexual harassment and family commitments on the everyday lives of cleaners. In doing so, the pamphlet exposes the true cost being paid by cleaners and their families for job that is central to the wellbeing of society as a whole.

As such, this pamphlet is not only essential reading for cleaners but for all those interested in seeing greater justice for one of the most exploited and marginalised groups of workers.

